COMBINED POSTPARTUM ASSESSMENT PROTOCOLS

The CPSP program is based on the concept that services will be provided in partnership with the woman and her family.

PURPOSE:

The Combined Postpartum Assessment tool permits the CPSP practitioner to assess the client's strengths, identify issues affecting the client's and her baby's health, assess her readiness to take action, and select resources needed to address the issues. This information, along with the information from the medical postpartum assessment, is used, in consultation with the client, to develop a Plan. The combined assessment is ideal for those practice settings in which one CPSP practitioner is responsible for completing the client's postpartum assessment. It does not preclude discipline specialists from providing needed services to the client.

PROCEDURES / PROCESS:

The Combined Postpartum Assessment tool is designed to be administered by a qualified CPSP practitioner (CPHW or other).

1. Familiarize yourself with the assessment questions and the client's medical record before completing the assessment.

2. The setting should allow for adequate privacy. Cultural customs and practices should be taken into consideration for each client. Inclusion of other family members must be evaluated on an individual basis, depending on the issues identified during the prenatal period. For example, domestic violence situations would indicate to the CPHW that the client's partner should be tactfully excluded from the assessment setting.

3. Keep educational materials, visual aids, etc. readily available to promote a fluid exchange of information with the client. This also prevents wasted time looking for or copying materials.

4. Before beginning, explain the purpose of the assessment and how the information will benefit the woman, her baby and her Primary Care Provider (PCP) in providing her with health care. Be certain to tell her that the assessment is intended to help her achieve her optimum health.

5. Explain the confidentiality of the assessment process. State clearly to the woman that all child abuse/neglect must be reported to the proper authorities. Refer to reporting requirements related to domestic violence described in detail after question 38 in the Prenatal Assessment Protocol. Everything else is confidential and is shared only with her health care team or with her prior consent.

6. Explain that you will be taking notes as you go along. You can offer to share the notes when the interview is complete if it would increase her comfort level.

7. Try to maintain a conversational manner when asking the questions on the form. The first few times you use the assessment, you may want to read the questions as they are written on the form. As you become more comfortable with the content of the assessment, you can adopt a more conversational style. Questions should be asked in a manner that encourages dialogue and development of rapport.

8. Sensitive questions should be asked in a straightforward, nonjudgmental manner. Most clients will be willing to provide you with the information, especially if they understand the reason for the question. Be aware of your body language, voice and attitudes. Explain that the client's answers are voluntary, and she may choose not to answer any question.

9. Ask related, follow-up questions, to explore further superficial or conflicting responses.

10. If the client has limited English speaking abilities and you are not comfortable speaking her preferred language, arrange, if possible, to have another staff member with those language capabilities complete the assessment. If such a person is not available, the CPSP practice should have the ability to make use of community interpreting services on an as-needed basis. As a last resort the client may be asked to bring someone with her to translate; it is not appropriate to use children to translate -- a trusted female, rather than even her partner, may be more appropriate. Telephone translation services should only be considered as a last resort for very limited situations.

11. Become familiar with the behaviors acceptable to the ethnic and cultural populations served in your CPSP practice. Make sure the assessment is offered in a culturally sensitive manner. When you are unsure, ask the client about ways you can help increase her comfort level with the process. For example: “Is there anything I can do to make this more comfortable for you?”

12. Adolescents possess different cognitive skills than their adult counterparts. It is important to understand the normal developmental tasks of adolescence and relate to your clients based on their individual developmental stage.
Early adolescents are concrete thinkers. If they don't see it, feel it, or touch it, for them it does not exist.
Middle adolescents start to develop abstract thinking. They have the ability to link two separate events. Cause and Effect. If I do this, that will happen.
Late adolescents can link past experiences to present situations to predict future outcomes and influence their present behaviors. Two years ago I did this, that happened; if I do the same thing today, what happened two years ago will happen again.
A teen's ability to think, reason and understand will influence her health education needs.

13. At the completion of the interview, summarize the needs that have been identified and assist the client in prioritizing them. Work with her to set reasonable goals and document them on the Individualized Care Plan (ICP). When applicable, the name of the staff member responsible for providing additional assessments, interventions or referrals, as well as the timeline for completion, should be included.

DOCUMENTATION

1. Refer to STT Guidelines: First Steps - Documentation, page 9.

2. Make sure there is some documentation for every question. If the question does not apply, indicate that by writing “N/A”. If the client chooses not to answer a question, note that: “declines to answer”.

3. All notes and answers on the assessment should be legible and in English. The completed assessment tool must be included as a part of the client's medical record.

4. All problems identified during the assessment should indicate some level of follow-up. Follow-up may range from a problem and planned interventions noted on the ICP, to notations on the assessment form and/or brief narrative that indicates immediate intervention was provided or that the issue is not one the client chooses to address at this time. Written protocols should be followed for intervention and referral. For clients with numerous and/or complex problems/needs, be sure to indicate the priority of each problem listed on the ICP.

5. ICP is not required on clients who only receive a postpartum assessment

6. Problems which are particularly complex and/or will require the immediate attention of the client's PCP should be communicated by telephone conversation between the obstetric provider and the PCP.

7. All assessments should be dated and signed with at least the first initial, last name, and title of the person completing the assessment.

8. Use only those abbreviations your facility has approved.

9. Indicate resolution of issues/problems identified prenatally, as appropriate, on the Individualized Care Plan.

Member Name: _____ **DOB:** _____ **Date:** _____

Every attempt should be made to obtain the delivery record from the hospital, birth center, or other source. Review the delivery record for relevant information prior to conducting the postpartum assessment.

ANTHROPOMETRIC: □ WT. GRID PLOTTED

Height: _____ Desirable Body Wt.: _____

Height (ft. in.)	Underweight (lbs)	Normal Weight (lbs)	Overweight (lbs)	Obese (lbs)
4'10"	94 or less	95-127	128-143	144 or more
4'11"	97 or less	98-131	132-147	148 or more
5'0"	100 or less	101-135	136-151	152 or more
5'1"	102 or less	103-138	139-155	156 or more
5'2"	106 or less	107-143	144-161	162 or more
5'3"	109 or less	110-147	148-165	166 or more
5'4"	112 or less	113-151	152-170	171 or more
5'5"	116 or less	117-156	157-176	177 or more
5'6"	119 or less	120-161	162-181	182 or more
5'7"	123 or less	124-166	167-187	188 or more
5'8"	126 or less	127-171	172-192	193 or more
5'9"	131 or less	132-177	178-199	200 or more
5'10"	134 or less	135-182	183-204	205 or more

Source: United States Department of Agriculture and United States Department of Health and Human Resources, 1985 and 1990.

Weight this visit: _____

Assist the client in determining a reasonable one year weight goal based on her height and weight using the table above, and a recommended weight loss of no more than 1 - 2 pounds per week.

Weeks Postpartum: _____

BIOCHEMICAL

Blood: Date Collected: _____

Hemoglobin: H_____L Hematocrit: H_____L Other: _____

Blood tests are used to screen for problems such as anemia. Anemia can contribute to feeling fatigued and not being able to manage the demands of parenting a newborn.

INTERVENTION:

Abnormal values need to be brought to the attention of the provider.

Glucose: H_____L Protein Albumin: H_____L

A client who developed diabetes during her pregnancy must have a 2 hour 75 gram oral glucose tolerance test at 6 weeks or more after the baby is born and every year there after that to make certain her diabetes has gone away and has not recurred. These clients are at risk for developing type 2 diabetes later in life and should also receive preconception counseling related to their diabetes prior to becoming pregnant again. If client is overweight, reduce weight to decrease risk of developing type 2 diabetes.

INTERVENTION:

Bring all abnormal values to the attention of the medical / obstetrical provider.

Provide the client who has had gestational diabetes with a copy of STT Guidelines: Gestational Diabetes: Handout H: "Now That Your Baby Is Here". Stress the importance of obtaining a checkup and preconception counseling prior to becoming pregnant again.

Blood Pressure: _____ (Circle): GDM PIH

Normal blood pressure values are:
Systolic: < 130 mm Hg Diastolic: < 85 mm Hg

INTERVENTION:

Call all abnormal values to the attention of the medical/obstetrical provider.

CLINICAL – OUTCOME OF PREGNANCY

Date of Birth: _____	**Gestational Age:** _____	**Pregnancy / Outcome / Complications:** _____
Birth Weight: _____	**Birth Length:** _____	

Delivery: □ Vaginal □ C - Section

Information to complete the above questions should be readily available from the delivery record. If pediatric record is not readily available, ask the client for this information based on the baby's most recent visit to the pediatric provider. If the information is obtained through asking the client, indicate this: "by mother's report." If the baby has not yet been to a CHDP provider or the mother cannot recall, document this as "not available".

INTERVENTION:

Any infant more than two weeks old who does not weigh more than she/he did at birth should be referred to a pediatric provider if follow-up care is not in place.

Clients who delivered their infants prematurely (less than 36 weeks gestational age) should be referred to the provider or health educator for preconception counseling/anticipatory guidance prior to becoming pregnant again.

Clients who delivered by primary (first) C-section should be referred to the provider or health educator for counseling related to VBAC prior to becoming pregnant again, depending on the reason for C-section and type of incision.

MATERNAL:

Question 1

1. Have you had your postpartum check up? □ Y □ N
If "NO", when is it scheduled? _____

Subject: Postpartum checkup

Status: (**L**): Has already had check-up or has an appointment

(**M**): Refer to (H)

(**H**): Six weeks postpartum and has not had a check up and does not have appointment scheduled

Status Intervention: (**L**): Praise and encourage to keep appointment

(**M**): Refer to (H)

(**H**): Schedule postpartum exam

Question 2

2. Have you had any problems since delivery? ☐ Y ☐ N
If "YES", please explain:

_____

Subject: Medical problems

Status: (**L**): No problems

(**M**): Complains of increased bleeding after exercise, fatigue

(**H**): Complains of increased bleeding, fatigue, fever, foul odor, lochia, headache, etc.

Status Intervention: (**L**): N/A

(**M**): Instruct client to rest when the baby is sleeping and ask family members for assistance.

(**H**): Schedule for medical care provider visit immediately

This grouping of questions 1 & 2 offers an opportunity to discuss the client's delivery experience and the questions or concerns she has related to her perceptions of her labor and delivery.

Discrepancies between the clinical information and the client's perception may indicate a health education need to assist her in establishing realistic connections between actions and outcomes.

ADDITIONAL INTERVENTIONS:

If no postpartum checkup appointment has been scheduled at the time of the postpartum CPSP support services assessment, schedule one for the client before she leaves.

Schedule member to see medical care provider immediately if complains of increased bleeding, fatigue, fever, foul odor, lochia, headache, etc.

INFANT:

Question 3

3. Has your baby seen the doctor? □ **Y** □ **N**
If "NO", when is the visit scheduled? _____

Subject: Newborn exam

Status:	(**L**):	Has had newborn exam or has scheduled an appointment
	(**M**):	Refer to (H)
	(**H**):	Infant 4 weeks old and has not had an exam and does not have and appointment scheduled
Status Intervention:	(**L**):	Praise and encourage to keep appointment
	(**M**):	Refer to (H)
	(**H**):	Schedule appointment for newborn exam

ADDITIONAL INTERVENTIONS:

All health problems should be brought to the attention of the provider.

Encourage the client to ensure her baby receives all checkups and immunizations as recommended by the pediatric provider.

If the baby has not been seen by a pediatric provider and no appointment is scheduled at the time of the postpartum CPSP support services assessment, schedule one for the baby before the client leaves.

Provide the client with referrals and/or resources appropriate to her needs and those of her baby.

Anyone can refer children with special medical needs to California Children Services. All infants born to HIV+ women should be referred. Contact the appropriate health plan for assistance with making the referral:

Molina Medical Centers: 1 (800) 526 - 8196, extension 4317

Refer managed care members to the appropriate Member Services Department for assistance in locating a pediatric provider and establishing a "medical home" for her baby.

Client should be directed to discuss public and community resources (such as Early Start, California Children Services, Regional Centers) available to assist her with meeting the needs of any infant with physical disabilities or developmental delays.

RESOURCES:

Molina Medical Centers Member Services Department: 1 (800) 526 - 8196 (seven days a week, 24 hours a day).

Other:

_____

_____

_____

NUTRITION

Dietary Assessment: ☐ PFFQ ☐ 24 Hour Recall Completed

The 24 Hour Recall or Perinatal Food Frequency Questionnaire (PFFQ) are an acceptable dietary assessment techniques. The 24 Hour Recall and PFFQ requires that the assessor be adequately trained in the amounts of each food/food group that constitute a serving, and is not the recommended assessment unless the assessor has received such training.

Refer to STT Guidelines: Nutrition - pages 18 - 24 for information on how to use the 24 Hour Recall.

Follow these instructions if you choose to use the Perinatal Food Frequency Questionnaire (PFFQ):

Section A, "Nutrition Assessment Summary":

- Add up the total for foods eaten daily and multiply that total by 7. This gives the total of points for foods eaten daily.
- Add up the numbers for foods eaten from the weekly column (foods eaten on 1 to 6 days per week).
- Add this number to the weekly foods number for each food group and write this total in the Servings/Points column next to the appropriate food group in the Nutrition Summary" box. Circle the word “points" if the Perinatal Food Frequency Questionnaire was used and the word “servings” if a 24 hour recall was the assessment technique used.
- Compare the client's totals to those listed in the table on page 12.

Section B. "Diet Adequate":

- Diet is low in total protein only if the combined points of groups 1 and 2 are less than 35 for breastfeeding women and 22 for bottle feeding women.

- A star (*) next to a food (on the PFFQ) indicates that it is high in folic acid. The client's diet may be low in folic acid if the total for all starred foods is less than 7.
- A triangle next to a food indicates that the food is high in unsaturated fats. The client's diet may be low in unsaturated fat if the total for all triangle foods is less than 3.

ADDITIONAL INTERVENTIONS:

Provide the client with a copy of STT Guidelines: Nutrition - "The Daily Food Guide for Women", page 24.

Make suggestions to the client to increase servings from any food group of which she is eating less than the recommended servings.

Advise the client to eat the recommended number of servings from any food group of which she is eating more or less than the recommended number of servings. For "other foods" on the PFFQ, encourage intake in moderation.

Circle the (+) or (-) and enter the number of additional or fewer servings of each food group you have recommended to the client.

If the client is lacking the minimum number of servings from 2 or more food groups after nutrition education has been offered, refer her to a registered dietitian or other appropriate nutrition counselor and check the appropriate box.

Review STT Guidelines: Nutrition – "The Daily Food Guide for Women", page 24, with the client.

Provide the client with a copy and review with her STT Guidelines: Nutrition - Handout C: "Choosing Healthy Foods".

DIETARY INTAKE EVALUATION
(Assessment of the Perinatal Food Frequency Questionnaire)

Breastfeeding:

Group	Food	Points Needed	Servings / Day	Major Nutrients
1	PROTEINS	21	3	Protein, Iron, Zinc
2	MILK	21	3	Calcium, Protein, Vitamin D
3	BREADS, GRAINS	49	7	Carbohydrates, B Vitamins,

				Iron
4	FRUITS/VEGETABLES	7	1	Vitamin C, Folic Acid
5	FRUITS/VEGETABLES	7	1	Vitamin A, Folic Acid
6	FRUITS/VEGETABLES	21	3	Contributes to intake of Vitamins A & C
Other	FATS AND SWEETS	N/A	3	Vitamin E

Bottle Feeding:

Group	Food	Points Needed	Servings / Day	Major Nutrients
1	PROTEINS	14	2	Protein, Iron, Zinc
2	MILK	14	2	Calcium, Protein, Vitamin D
3	BREADS, GRAINS	42	6	Carbohydrates, B Vitamins, Iron
4	FRUITS/VEGETABLES	7	1	Vitamin C, Folic Acid
5	FRUITS/VEGETABLES	7	1	Vitamin A, Folic Acid
6	FRUITS/VEGETABLES	21	3	Contributes to intake of Vitamins A & C
Other	FATS AND SWEETS	N/A	3	Vitamin E

Question 4

4. Are you on a special diet? ☐ **Y** ☐ **N**
If "YES", what diet?

_____

Subject: Special Diet

Status: (**L**): Ability to follow through with appropriate special diet plan. Coping mechanism adequate

(**M**): Difficulty understanding special diet, but shows ability to follow through

(**H**): Diabetic, weight loss / crash dieting, fasting, or difficulty to understand and follow through

Status Intervention: (**L**): Reinforce the special diet plan instructions

(**M**): Review special diet instructions with client at each trimester reassessment, refer to RD as needed.

(**H**): Review Special Diet instructions with client at each medical visit. Check with medical care provider for Medical Nutrition Therapy, requires an MD prescription. Diabetic: Refer to Sweet Success Program. Other special diets: Refer to Registered Dietitian.

Special diets include diets that the client has been instructed to follow by a health care professional for the management of a specific disease or condition, as well as self-imposed diets that the client may have put herself on (such as weight loss). Examples of diseases or conditions that may require a special diet include diabetes, renal disease, liver/hepatic disease, malabsorption (more severe than lactose intolerance), or cancer.

REFERRAL:

Refer to Registered Dietitian and/or medical/obstetrical provider for conditions requiring medical nutrition therapy.

Question 5

5. Are you allergic to any foods, or do you avoid eating any foods? □ Y □ N
If "YES", what foods?

_____

Subject: Food allergies

Status: (**L**): None reported

(**M**): Any avoidance or inadequate intake of major food groups

(**H**): Complete avoidance of major food group and/or severe food allergies compromising dietary intake documented by Healthcare Professional

Status Intervention: (**L**): Instruct on healthy diet

(**M**): Review food guide with client for alternative choices

(**H**): Refer to Registered Dietitian

This question allows the assessor to identify whether or not food allergies or intolerance or personal reasons may affect the client's ability to eat an adequate diet. Food allergies are not the same as food intolerance. Food allergies can cause mild or more severe symptoms such as hives, swelling, difficulty breathing, and vomiting.

Refer to STT Guidelines: Nutrition – "Lactose Intolerance", page 45, for additional suggestions.

ADDITIONAL INTERVENTIONS:

Provide the client with STT Guidelines: Nutrition – Handout J: "How to Help Digest Milk Products", and Handout K: "Foods Rich in Calcium". Review with the client non-dairy foods rich in calcium, and the serving sizes that equal a cup of milk.

REFERRAL:

Refer to health care provider and/or registered dietitian if after numerous attempts to educate the client, her calcium intake from all sources, including supplements, is estimated to be less than 800 milligrams per day.

Refer to registered dietitian if client has frank food allergies that delimit dietary choices to such an extent the nutritional adequacy of her diet is poor.

Question 6

6. Which of the following do you take:

☐ **Prenatal Vitamins** ☐ **Iron Pills**

☐ **Other Vitamins / Minerals** ☐ **Herbs**

☐ **Antacids** ☐ **Laxatives** ☐ **Other Medications**

Subject: Over the counter medications, vitamins, and iron

Status:	(**L**):	Monitored by medical care provider
	(**M**):	Refer to (H)
	(**H**):	Lack of supervision by medical care provider, excess intake of supplements or over the counter medications.
Status Intervention:	(**L**):	Educate and encourage client to comply with provider instructions
	(**M**):	Refer to (H)
	(**H**):	Notify medical care provider

Over-the-Counter Medications:

If "yes" to over-the-counter (OTC) medications, this is an opportunity to instruct the client on the hazards of OTC medication during breastfeeding, as well as an opportunity to assess the need for medical evaluation of the condition for which she uses OTCs. Some calcium supplements and antacids may contain high levels of lead. Sources of information about lead in these products include pharmacists, the manufacturers (look on the product package for an 800 number) and the Natural Resources Defense Council (NRDC) at (415) 777 - 0220. This is also an opportunity to assess the client's knowledge and practices regarding safe storage of medication to prevent child poisoning.

Prescription Medications:

If "yes" to prescription medications, in addition to the above, make sure the provider is aware of this information.

It is unsafe to take any prescription or over-the-counter medicines that are not known to be safe during breastfeeding. Make sure client is taking prescribed medication.

ADDITIONAL INTERVENTION:

Inform health care provider of any prescription and/or over-the-counter medications the client is taking.

Herbal Remedies:

Herbal remedies may be commonly used as treatments for discomforts, or as part of some cultural/religious practices. During breastfeeding, any use of herbal remedies should be brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

Note: the following herbal remedies are known to contain high levels of lead and can be dangerous to use:
Azarcon, Coral, Liga, Greta, Rueda, Alarcon, Maria Luisa, and Pay-loo-ah

RESOURCE:

San Bernardino County Lead Program: (909) 387 - 6212
Riverside County Lead Program: (909) 358 - 5424
Poison Control: 1 (800) 876 - 4766
1 (800) 972 - 3323 TDD

REFERRAL:

San Bernardino County WIC Lactation Program

Medical Officer for MCAH, Inland Empire Breast Coalition (909) 383 - 3057

Question 7

7. How many cups, glasses, or cans of these do you drink daily?

☐ **Water:** _____ ☐ **Milk:** _____ ☐ **Juice:** _____

☐ **Coffee:** _____ ☐ **Tea:** _____ ☐ **Soda:** _____

☐ **Diet Soda:** _____ ☐ **Punch / Kool Aid:** _____

Subject: (A) Caffeine intake

Status:
(**L**): Low intake or none of caffeine containing drink

(**M**): Moderate intake of caffeine containing drinks (up to 300 mg of caffeine; 2 - 3 cups of instant or brewed coffee; 4 - 5 cups of tea or 5 (12 oz) cans of coke per day

(**H**): Excessive daily intake of caffeine containing drinks compromising dietary intake (>300 mg of caffeine/day)

(B) Fluid intake

Status
(**L**): Consuming 6 - 8 cups of fluid

(**M**): Moderate fluid intake (3 - 4 cups of fluid)

(**H**): Inadequate fluid intake

(A) Caffeine intake

Status Intervention: (**L**): Praise and encourage to continue

(**M**): Refer to section "Additional Interventions"

(**H**): Discuss risk of excessive caffeine intake. Refer to MD

(B) Fluid intake

Status Intervention: (**L**): Praise and encourage to continue

(**M**): Refer to section "Additional Interventions"

(**H**): Emphasize 6 - 8 cups of fluid a day. Refer to MD

General fluid intake is important for proper metabolic functioning. Certain beverages can indicate sources of excess sugar or caffeine.

Breastfeeding women who use **caffeine**-containing beverages should do so in moderation. The suggested limit during breastfeeding is 300 mg of caffeine per day. The caffeine content of common beverages is listed below:

Brewed coffee	8 oz.	100 - 150 mg
Instant coffee	8 oz.	86 - 99 mg
Decaffeinated coffee	8 oz.	2 - 4 mg
Tea	8 oz.	60 - 75 mg
Cocoa/hot chocolate	8 oz.	6 - 42 mg
Cola drinks	12 oz.	40 - 60 mg

ADDITIONAL INTERVENTION:

Refer to above table to assist client in evaluating caffeine intake.

Encourage client to avoid or limit caffeine.

Emphasize 6 - 8 cups of fluids each day.

Offer anticipatory guidance of caffeine withdrawal for clients with high caffeine intake who plan to reduce or stop caffeine intake (headache, GI upset, fatigue). Reassure client that symptoms usually pass in a few days.

Herbal teas may be commonly used as treatments for discomforts or as part of some cultural/religious practices. During breastfeeding any use of herbal remedies should be

brought to the attention of the health care provider. Regional poison control centers may be helpful in identifying active ingredients if the plant sources are known.

> **Note:** the following herbal remedies are known to contain high levels of lead and can be dangerous to use:
> **Azarcon, Coral, Liga, Greta, Rueda, Alarcon, Maria Luisa, and Pay-loo-ah**

ADDITIONAL INTERVENTION:

If client is using an herb known to be unsafe for use during breastfeeding, discuss with the client the reason why the herb is unsafe and discourage its use.

REFERRAL:

Health care provider if client is using an unsafe or an unidentified herb.

High Sugar Beverages:

Punch, Kool-Aid, Tang, and other **high sugar beverages** contain a lot of calories and very little, if any, nutritional value. Encourage the client to limit intake of sweet drinks and encourage water intake.

ADDITIONAL INTERVENTION:

Provide the client with a copy of STT Guidelines: Nutrition - Handout C, "Choose healthy foods to eat" , page 29.

Encourage drinking water for thirst and limiting high calorie beverages such as soda, punch, and Kool-Aid.

Stress to clients that beverages with the words "punch" or "drink" or "-ade" (such as lemonade), are beverages which contain sugar.

Recommend limiting 100% fruit juice to 1/2 - 1 cup per day.

Question 8

8. How many times a day do you usually eat? _____

Subject: Adequate Diet

Status:

(**L**): Eats 3 meals and 1 - 2 snacks

(**M**): Eats 3 meals daily

(**H**): Eats twice or less daily or eats excessively throughout the day (more than 3 meals and 1-2 snacks).

Status Intervention: (**L**): Praise and encourage adequate diet

(**M**): Refer to section “Additional Interventions”

(**H**): Refer to MD and RD

Permits the assessor to develop nutritional recommendations which “fit” with the client’s usual habits. Eating fewer than 3 meals a day and/or skipping meals may result in a diet that is inadequate for breastfeeding. If the client often skips meals, this may indicate a more serious problem.

ADDITIONAL INTERVENTION:

Provide the client with STT Guidelines: Nutrition - “The Daily Food Guide for Pregnancy”, page 28.

Stress the importance of eating foods from all of the different food groups, and the need to eat meals and snacks at regular times throughout the day.

Encourage the client to carry small snacks if she will be out, and to try to eat every 3-4 hours.

REFERRAL:

If her PFFQ or 24 hour recall assessments indicate inadequate nutritional intake in several categories and/or the client skips meals on a regular basis, this may indicate a greater problem and/or an eating disorder, and increases the risk for poor nutrition (refer to CPSP provider and/or registered dietitian).

Question 9

9. Which of the following do you have?

☐ **Refrigerator** ☐ **Stove / Oven** ☐ **Hot Plate**

Subject: Food preparation / storage

Status: (**L**): Has adequate equipment

(**M**): N/A

(**H**): Has inadequate equipment for food preparation and storage

Status Intervention: (**L**): N/A

(**M**): N/A

(**H**): Refer to Social Services. See section "Additional Intervention"

Lack of these items is important to know when providing instruction regarding personal care and nutritional counseling. This question provides the client with an opportunity to express her own concerns and needs.

Refer to STT Guidelines: Nutrition – "Cooking and Food Storage", pages 91 - 92 and "Food Safety", pages 97 - 100. Nutrition Handouts: "You can eat healthy and save money: Tips for food shopping", page 83, "You can buy low-cost healthy foods" page 85, and "you can stretch your dollars: Choose these easy meals and snacks" page 87. Psychosocial - "Financial Concerns", pages 28 - 34.

ADDITIONAL INTERVENTION:

If no food or storage and/or cooking facilities, provide client with a copy of STT Guidelines: Nutrition – Handouts: "When you can not refrigerate, choose these foods" page 93, and "Tips for cooking and storing food" page 95.

Build on client's strength, for example, client has a hot plate, crock pot, ice chest, etc.

Use PAC / LAC's *Teen Friendly* Enhancement Program: "Meals for Mom" and "Tips for Smart Shopping", pages 47 - 48.

REFERRAL:

Consult with health care provider regarding referral to registered dietitian and/or health educator for more intensive instruction.

Refer clients to housing assistance resources as appropriate.

INFANT FEEDING:

Questions 10 & 11

10. How many diapers does your baby wet in a day? _____

11. If you are breastfeeding:
- **a) How many times in 24 hours do you nurse?** _____
- **b) How long does your baby nurse each time?** _____

Subject: Infant feeding & breastfeeding

Status:	(**L**):	Infant wetting 6 - 8 diapers per day. Frequent on demand feedings, usually 1.5 - 2 hours around the clock for first few weeks. Infant has adequate weight gain. Previous experience and no questions
	(**M**):	Infant wetting 6 - 8 diapers per day. Frequent on demand feedings, usually every 1.5 - 3 hours around the clock for first few weeks. Infant has adequate weight gain. No previous experience. Has questions
	(**H**):	Unsure about breastfeeding. Has problems and concerns about milk supply. Infant not gaining adequate weight.
Status Intervention:	(**L**):	N/A
	(**M**):	Refer to section “Additional Interventions”
	(**H**):	Address any questions or concerns. Provide educational material. Refer to Registered Dietitian, medical care provider, a health practitioner experienced in providing lactation consultation, or certified Lactation Educator.

Breastfeeding is the best way to feed a baby in most circumstances. Breast milk supply is determined by how often the baby breastfeeds. A woman who tries to breast and formula feed her baby may have problems maintaining her breast milk supply and need additional instruction and a breast pump.

About half the mothers who start breastfeeding will still be nursing at 6 weeks postpartum. Help clients picture breastfeeding working for them over the long term. Support during early stages of breastfeeding is important to increase duration.

Refer to STT Guidelines: Nutrition – “Breastfeeding”, pages 122 - 131.

ADDITIONAL INTERVENTION:

If the client is breastfeeding, ask her about her breastfeeding experience. What does she like? With what is she having difficulty? Is she tired? Is she getting help caring for the baby? Use her responses as a guide for what to discuss further.

Cracked, sore nipples are most commonly a result of improper positioning of the baby's mouth on the mother's breast. Utilize educational materials which specifically address positioning if the client complains of sore or cracked nipples. Watch mother position the baby and educate as necessary.

Respect the client's infant feeding choices. Offer needed support and direction for the method the client chooses.

As appropriate, provide and review with the client copies of STT Guidelines: Health Education – "Infant Feeding – Decision-Making", pages 99 - 100 and Nutrition - Handout: "You can breastfeed your baby: Going back to work or school", page 147.

REFERRAL:

Local Breastfeeding classes/support groups:

_____

_____

Local Nursing Mothers Council:

_____

_____

WIC: (909) 387 - 6336 (Inland Empire and mountain communities)
1 (800) 472 - 2321 (Desert Areas)

La Leche League International: 1 800 - LA LECHE or (909) 792 - 0718
Mon. - Fri. 8 a.m. to 5 p.m. (Central Time) for volunteers in your area

Medela: 1 (800) 835 - 5968 (automated referral to local lactation consultation and breast pumps)

_____

_____

_____

211 San Bernardino, www.211sb.org

Question 12

12. If you are bottle feeding:

a) How often does your baby get a bottle?

b) How much does your baby drink at a feeding?

c) Check the one(s) you use:

☐ Concentrated Formula ☐ Powdered Formula ☐ Ready to Drink Formula

d) What else do you give your baby?

☐ Juice ☐ Cereal ☐ Sugar Water ☐ Baby Food

☐ **Other:** _____

Subject: Infant feeding
Bottle feeding

Status:	(**L**):	Adequate formula intake 2 - 4 ounces every 2 - 4 hours. No solids given
	(**M**):	Adequate formula intake. Early introduction of solid foods and juices
	(**H**):	Formula intake less than 16 ounces per day
Status Intervention:	(**L**):	Refer to WIC. Give pamphlet “The First 12 Months”
	(**M**):	Refer to WIC. Instruct on infant feeding techniques and delay of solid food and juices within 4 - 6 months
	(**H**):	Refer to WIC. Consult with medical care provider. Refer to Registered Dietitian. Refer to pediatric provider

GENERAL BOTTLE FEEDING EDUCATION:

Clean bottles well. Use clean, hot, sudsy water to wash bottles, nipples, rings and caps. Use a bottle brush. Squeeze water through the nipple holes. Rinse everything well. If the client uses a dishwasher, bottles should be placed in the top rack and nipples should still be hand washed.

If the client has well water, a sample should be taken to the county/city health department to be tested. They can tell the client if it is safe to use for mixing with formula powder or concentrate.

Use fresh, properly stored formula. Check the formula for the “use by" date. Throw any unused formula away after that date. Don't buy damaged packages or dented cans. Never use formula known to have been frozen or stored above 95° F. Cans of liquid formula must be shaken and the lids washed and dried before opening. Opened liquid formula and mixed bottles of formula not used immediately must be covered and stored in the refrigerator. Any unused liquid formula must be thrown out 48 hours after opening or mixing.

Stress the importance of following the directions on the formula labels. Improper mixing of formula can result in inadequate nutrition and/or electrolyte imbalances which, if undetected, can be life threatening. Measure powdered formula carefully.

Formula provides better nourishment than cow's milk, which should not be used until recommended by the baby's pediatric provider.

Formula can be fed at any temperature - straight from the refrigerator, at room temperature, or warm (never hot!). A microwave oven should NEVER be used to heat formula. Microwaves heat unevenly, and hot spots in the formula can burn an infant's mouth. Instead, warm tap water can be run over the bottle, or the bottle can be placed it in a bowl of warm water for a few minutes.

NEVER prop a bottle for feedings. The baby may swallow air, and choke or spit up. Additionally, babies need to be held closely and eye contact made to promote normal development.

NEVER put a baby to bed with a bottle. In addition to the risk of choking, “baby bottle tooth decay” can occur.

A client who has any questions about whether her baby is getting the right formula should be referred to the baby's pediatric provider.

ADDITIONAL INTERVENTIONS:

Provide the client with information regarding safe and appropriate bottle feeding techniques as indicated by her questions and responses.

Handouts that describe the correct procedures for formula feeding are typically available from formula companies. Handouts produced by formula manufacturers are NOT recommended for distribution to breastfeeding mothers. Refer to Registered Dietitian or Certified Lactation Educator or consultant. Refer immediately, if infant is taking inadequate formula, to his/her pediatric provider.

Question 13

13. Do you have any questions about your baby’s care? □ Y □ N
If “YES”, please explain:

_____

For example: Do you know when to take the baby to the doctor? Do you know how to take the baby’s temperature? Do you know how to bathe the baby? Do you know when to start giving your baby solid food? What do you do if the baby has diarrhea?

Subject: Care of children

Status:

(**L**): Has previous experience in the care of children. No questions

(**M**): Minimal experience in the care of children. Has questions

(**H**): No experience in the care of children. Unsure of ability to care for child. Has many questions

Status Intervention: (**L**): N/A

(**M**): Provide appropriate educational material

(**H**): Provide individualized health education and counseling. Refer to Public Health Nurse. Refer to provider.

Refer to STT Guidelines: Health Education - "Infant Safety and Health", pages 101 –104. Health Education Handouts: "Keep your new baby safe", pages 105 -108 ; "When your newborn baby is ill", page 109; "Your baby needs to be immunized" page 111.
STT Guidelines: Health Education – "Oral Health during Infancy", pages 59 – 64. HE Handout: "Protect your baby from tooth decay", page 65 – 68.
Include Sudden Infant Death Syndrome education.
.

RESOURCES:

San Bernardino County Resource Directory: pages 26 - 27.

Riverside County Resource Directory: pages 24, 52 - 60.

Questions 14 & 15

14. Which method of Birth Control are you currently using:

□ **Birth Control Pills** □ **Diaphragm** □ **Condoms**
□ **Norplant** □ **Depo-Provera (shots)** □ **Other:** _____

15. Would you like more information about Birth Control? □ **Y** □ **N**

Subject: Family planning

Status: (**L**): Currently using a birth control method she is happy with

(**M**): Unsure of what birth control method she plans to use

(**H**): Unaware of available birth control method

Status Intervention: (**L**): N/A

(**M**): Provide Health Education pamphlet on birth control method. Schedule for Family Planning Clinic visit. Refer to section "Additional Interventions"

(**H**): Provide Health Education pamphlet on birth control

methods. Schedule for Family Planning Clinic visit. Refer to provider.

Offers an educational opportunity to discuss the importance of recovery time prior to a subsequent pregnancy. For most women, waiting at least 15 months after having a baby before becoming pregnant again is recommended. Adequate spacing of children helps parents cope with demands of childrearing and with finances. It provides parents with time to provide physical, emotional and intellectual nurturing for each child. Effective birth control helps sexually active women and couples who want no more children to achieve their life plans. Each client should have the opportunity to make a fully informed decision about what method, if any, she wants to use postpartum. The use of birth control is a personal choice influenced by many factors including cultural background, religion, family history, and personal choice.

Refer to STT Guidelines: Health Education - "Family Planning Choices", pages 95 - 98.

ADDITIONAL INTERVENTIONS:

Refer to Reassessments to determine if the client has a plan for contraception, review it with her, and determine if she is still satisfied with that plan.

Inquire about the client's prior experience with birth control methods and her satisfaction with them. This frequently provides insight into what types of methods may work best for the client.

Provide client with educational materials as appropriate.

Emphasize the health benefits of pregnancy spacing.

Medi-Cal beneficiaries who request sterilization have a mandatory 30 day waiting period after signing the appropriate consent. Your practice location should have policies and procedures related to informed consent for sterilization as well as all temporary contraceptive methods.

Inform the Provider of the client's choice of whether and what contraceptive method she wishes to use. Include the client's infant feeding method (breast or bottle).

CPHWs may provide information, but need specialized training to provide the information required for an informed consent for any contraceptive method.

RESOURCES:

211 San Bernardino, www.211sb.org

What is Right For You? Choosing a Birth Control Method pamphlet is available from: Education Programs Associates: (408) 374 - 3720.

Birth Control Methods pamphlet available from National Maternal and Child Health Clearing house at address, phone and FAX listed at question 38. Available in Chinese, Korean, Tagalog, and Vietnamese.

Teen Help Line: _____

State Family Planning Program

Question 16

16. Do you have an infant safety seat? ☐ **Y** ☐ **N**
If "YES", do you always use it? _____

Subject: Safety

Status:
(**L**): Has an infant safety seat and knows car seat safety laws

(**M**): Refer to (H)

(**H**): Client does not have infant safety seat and does not know car seat safety laws

Status Intervention:
(**L**): Praise client for knowledge of car seat safety laws

(**M**): Refer to (H)

(**H**): Education materials. Referral to low cost car seat program

If "NO", this is an opportunity to determine if education is needed regarding the California Car Seat Safety Laws and make referrals to local resources.

Refer to STT Guidelines: First Steps – "Helping a Woman Help Herself", page 19; and STT Guidelines: Health Education - "Infant Safety and Health", pages 101 - 104.

ADDITIONAL INTERVENTIONS:

Provide educational information regarding the requirement for all children under the age of four regardless of weight, and all children who weigh under 40 pounds regardless of age, to be in safety seats at all times while in motor vehicles. Additional education regarding the increased safety provided by placing all children under 12 years of age in the back seat with seatbelts on may also be included here, if appropriate.

RESOURCES:

California Child Passenger Safety Specialists – Los Angeles: (818) 968 - 6555 or (310) 673 - 2666.

Midas Muffler Shops - Project Safe Baby Program – Century 1000 Car Seats for $45. Call the nearest Midas Muffler Shop. Clients also receive $100 in auto care coupons.

Programs that lend, rent or give away infant safety seats in your area:

_____

_____

_____

This document also creates an opportunity to determine if a discussion of the importance of seat belts is needed.

Safety habits, such as seatbelt use by the client and her family indicates motivation to adopt health promoting behaviors.

Question 17

17. Do you exercise 3 or more times a week? ☐ **Y** ☐ **N**

Subject: Exercise

Status:	(**L**):	Exercise at least 3 times per week
	(**M**):	Exercise 1 - 3 times per week
	(**H**):	Does not exercise regularly
Status Intervention:	(**L**):	Praise and encourage to continue
	(**M**):	Refer to MD
	(**H**):	Provide individualized counseling or ways to include exercise in daily routine. Excercise per MD instructions. Refer to Health Educator.

Regular exercise or physical activity (i.e. walking, biking, hiking, dancing, aerobics, swimming 3 times a week) can give the client a sense of well-being and relaxation. Emphasize doing activities that's enjoyable. May provide an educational opportunity.

ADDITIONAL INTERVENTIONS:

Provide education related to the benefits of appropriate exercise and physical activity.

Help the client to exercise and lift safely and effectively and to know what types of exercises are not recommended.

Refer to STT Guidelines: Health Education - "Safe Exercise and Lifting", page 46; "Keep safe when you exercise", handout page 77.

Questions 18 & 19

18. Do you smoke? ☐ **Y** ☐ **N**
If "YES", how many cigarettes per day? _____

19. Do you live with someone that smokes? ☐ **Y** ☐ **N**

Subject: Smoking

Status:	(**L**):	No smoking or exposure
	(**M**):	Client unaware of smoke exposure risk
	(**H**):	Client smokes/second hand smoke exposure
Status Intervention:	(**L**):	Praise and encourage client to continue to not smoke or expose to second hand smoke
	(**M**):	Educate on smoking / exposure risk
	(**H**):	Provide education on risk of smoking. Refer to smoking cessation program. Refer to section "Additional Interventions"

It is important to document carefully the client's smoking history, not just whether she smokes or not. Interventions for someone who smokes 1 - 2 cigarettes/week are likely to be different from interventions for someone who smokes 2 packs per day. The woman who uses chewing tobacco avoids possible lung problems, but she is still exposed to the harmful effects of nicotine and carcinogens which affect other organs. Praise clients who do not smoke for their healthy lifestyle.

Cigarette smoke contains over 1,000 drugs, including nicotine, which are responsible for such effects as increased blood pressure, increased tendency to have thrombophlebitis (blood clot in a vein), increased carbon monoxide levels, and a decreased capacity of blood to carry oxygen.

In addition, secondhand smoke can have serious effects on both the mother and the baby. Additionally, children who are exposed to secondhand smoke experience more respiratory health problems, and are at greater risk for Sudden Infant Death Syndrome (SIDS). Use this question to assess her environment.

Refer to STT Guidelines: Health Education - “Tobacco Use”, pages 79 - 81; “Secondhand Tobacco Smoke”, page 83 – 84; Nutrition - “Tobacco and Substance Use”, pages 119 – 121.

ADDITIONAL INTERVENTIONS:

Review with the client and provide a copy of STT Guidelines: Health Education - Handout : “You can quit smoking”, page 85.

Do not recommend the use of nicotine patches, gums and/or inhalants during breastfeeding; the client should talk to her health care provider before using these.

If tobacco is used to control weight, review appropriate weight goals with the client.

Use this question to help the client identify exposure to secondhand smoking and develop a plan to avoid it.

Provide advice on techniques for reducing exposure.

Role-play different ways she could ask her family members not to smoke in the house. Be certain the techniques you recommend to your client are culturally appropriate.

If the client thinks it would be helpful, refer to provider for “prescription” for family members not to smoke around the client.

If partner or housemates are motivated to quit smoking, offer cessation resources listed below.

REFERRAL:

1 (800) 7 - NO BUTTS:	English
1 (800) 45 - NO FUME:	Spanish
1 (800) 400 - 0866:	Mandarin and Cantonese
1 (800) 778 - 8440:	Vietnamese
1 (800) 556 - 5564:	Korean
1 (800) 933 - 4TDD:	Deaf/Hearing Impaired

Local tobacco Cessation Programs:_____

American Cancer Society, Local Chapter:_____

American Lung Association, Local Chapter:_____

Other:_____

RESOURCES:

For You and Your Family: A guide for Perinatal Trainers and Providers by CA Dept. Of Health, Tobacco Control Section (1992) - provides counseling strategies specifically for African American, American Indian, Asian and Hispanic / Latina pregnant women who smoke or are exposed to second hand smoke.

Tobacco Education Clearinghourse:
1 (800) 258 - 9090, extension 230, or write to P. O. Box 1830, Santa Cruz, CA 95061 - 1830

Questions 20 & 21

20. How often do you drink beer, wine, or liquor? _____

21. What drugs have you used since the birth of your baby?
_____

Subject: Alcohol and Substance use

Status:	(**L**):	No use
	(**M**):	Prior use
	(**H**):	Excessive alcohol use and / or drug use
Status Intervention:	(**L**):	Praise and encourage client to maintain healthy lifestyle
	(**M**):	Educate regarding contraindications of alcohol/drug use while breastfeeding.
	(**H**):	Educate on risks of drug and alcohol use and refer to appropriate resources. Refer to section “Additional Intervention”

Many health care workers are reluctant to ask questions about substance abuse. Some believe that the client will refuse to answer these questions or not accurately report her use or abuse. Other health care workers fear that the client will become hostile or abusive to them. There are several guidelines to consider when conducting a chemical assessment to decrease these potential responses:

- Conduct a substance abuse assessment for all clients. It is impossible to identify women who are at risk by their appearance alone.
- Maintain a nonjudgmental and accepting attitude. Health care workers must constantly monitor their feelings and attitudes in this area and not allow personal feelings to interfere with their ability to interact effectively with clients. Try to

view the client as a woman who is currently using or abusing substances rather than label her as a “substance abuser”.
- Remember that your role is to assist the client in making the choices.
- Urine toxicology screening requires the written consent of the client.

There is **no** safe level of drug or alcohol use for breastfeeding women.

Red Flags for alcohol/drug abuse may include one or more of the following current signs and/or symptoms (*):

CURRENT SYMPTOMS:

1. Tremor/ perspiring/ tachycardia (rapid heartbeat)
2. Evidence of current intoxication
3. Prescription drug seeking behavior
4. Frequent falls; unexplained bruises
5. Frequent hospitalizations
6. Inflamed, eroded nasal septum
7. Dilated pupils
8. Track marks/ injection sites
9. Gunshot/ knife wound
10. Suicide talk/ attempt; depression
11. Diabetes, elevated BP, ulcers (non-responsive to treatment)

Laboratory Data:

		Normal Ranges:
1.	MCV > 95	80.0 - 100.0
2.	MCH - High	27.0 - 33.0
3.	GGT - High	9 - 85 (may be lab specific)
4.	SGOT - High	0 - 42
5.	Billirubin - Positive	Negative
6.	Triglycerides - High	< 200
7.	Anemia	Hgb > 10.5 Hct > 32
8.	Urine Toxicology Screen	Negative

Medical History:

1. Sexually transmitted infections including HIV/AIDS
2. Cellulitis
3. Cirrhosis of the liver
4. Hepatitis
5. Pancreatitis
8. Anemia
9. Diabetes mellitus
10. Phlebitis
11. Urinary tract infections
12. Poor nutritional status

6. Hypertension
7. Cerebral vascular accident (stroke)
13. Cardiac disease

Previous Obstetrical History:

1. Abruptio placenta
2. Fetal death
3. Intrauterine growth restriction (IUGR)
4. Premature rupture of membranes
5. Low birthweight infants
8. Meconium staining
9. Premature labor
10. Eclampsia
11. Spontaneous abortions (miscarriages)

(*) All of the signs and symptoms listed above may be the result of conditions other than drug and/or alcohol abuse.

Wine, wine coolers, hard liquor or mixed drinks:

Alcohol use is many times associated with a poor diet. Alcohol use can alter the intake, digestion, and absorption of nutrients, and cause nutrient deficiencies. Chronic alcohol abuse can result in nutrient deficiencies of thiamine, folic acid, magnesium and zinc.

ADDITIONAL INTERVENTIONS:

Provide client with a copy of STT Guidelines Handouts: Health Education "You can quit using drugs or alcohol", pages 93 – 94; and Psychosocial "Your Baby Can't Say 'No'", page 69; "When You Want to Stop Using Drugs and Alcohol", page 71.

Encourage meals every 3 - 4 hours and healthy snack choices.

Emphasize risks with the use of drugs/alcohol.

Encourage client to consider reducing, eliminating, or seeking treatment for any non-recommended substances/alcohol she uses.

Refer to "Stages of Quitting" on page 89 Health Education Section.

If client is in the "**preparation**" stage of change, assist her in developing a specific plan and offer referrals to program(s).

If the client has no interest in cutting down or quitting ("**precontemplation**"), be sure she understands the possible health risks to herself and her baby. Document information shared with the client and her level of understanding on the Individualized Care Plan.

Breastfeeding women who are actively and heavily using substances should be referred to a registered dietitian and/or medical provider for medical nutrition counseling.

Client may share strategies that have helped her quit in the past, reasons attempts were unsuccessful, etc. Include the client's strengths in the Individualized Care Plan documentation of what the client agrees to do to reduce the risk to herself and her baby.

Note:

Treatment of drug and alcohol abuse (except acute, inpatient detoxification) is a Medi-Cal benefit, but not covered by the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

Treatment of mental health disorders is a Medi-Cal benefit, but is reimbursed by EDS, the State of California's fiscal intermediary, not the Health Plan for Medi-Cal Mainstream members. Refer to Public and Community resources for services. The Health Plan remains responsible for the management and coordination of medical and obstetrical care.

REFERRAL:

Social Worker for further assessment and referral: _____
Health Plan's Case Management Department: _____
Narcotics Anonymous: _____
Registered Dietitian Consultant: _____
Alcoholic Anonymous: _____

Ensure health care provider is aware of alcohol/drug use.

Refer client to a social worker, RN, or the prenatal care provider for alcohol dependence screening.

Refer to treatment program as indicated by alcohol dependence screening.

Prenatal Outreach and Education: 1 (800) 227 - 3034 or (909) 386 - 8245

Refer to STT Guidelines: Psychosocial - "Perinatal Substance Abuse", pages 65 – 68; Nutrition "Tobacco and Substance Use", pages 119 – 121; and Health Education "Drug and Alcohol Use", pages 87 - 92.

RESOURCES:

Local County Drug and Alcohol Program

Riverside County Alcohol/Substance Abuse Program (909) 275 - 2125

Riverside Drug Abuse Program (909) 275 - 2100

San Bernardino County Office of Alcohol and Drug Programs hot line: 1 (800) 968 - 2636 (gives telephone number of perinatal substance abuse programs closest to the patient)

Practical Approaches in the Treatment of Women Who Abuse Alcohol and Other Drugs. *Resource document for all professionals involved in the assessment and treatment of women with alcohol and other drug problems. Available from:*

U.S. Department of Health and Human Services
Public Health Service
Substance Abuse and Mental Health Services Administration
Women and Children's Branch
Rockwall II, 5600 Fishers Lane
Rockville, MD 20857
FAX: (301) 468 - 6433

211 San Bernardino, www.211sb.org

(*) Stages of Change:

Precontemplation: client does not believe she has a problem, denial, unawareness.

Contemplation: heightened awareness, client knows there is a problem relevant to her.

Preparation: client investigates, gathers information related to helping herself, may have made small changes in her behavior.

Action: client is ready to make a commitment to change her behavior - wants immediate referral, needs support techniques to cope with urges to use drugs, tobacco and/or alcohol.

Maintenance: client is integrating the new behaviors into her lifestyle, able to overcome the temptation to use, still vulnerable, needs support - relapse prevention.

Relapse: prompted to use drugs, alcohol or tobacco by stress or situation, disappointed, has less confidence in her ability to quit successfully.

This model can be applied to many behavioral changes, not just tobacco, alcohol, and/or drug cessation. The reference below includes an assessment tool for each stage.

Reference: Prochaska, J.O., Norcross, J.C., and Diclemente, C.C.: Changing for Good, New York, NY: Avon Books, 1994.

PSYCHOSOCIAL

Questions 22, 23, 24, 25, 26, & 27

22. Since your baby's birth, which of the following have you had?

☐ **Trouble sleeping** ☐ **Sadness** ☐ **Worried feelings** ☐ **Crying**
☐ **Depression** ☐ **None** ☐ **Other:**

_____

23. If you are worried about something, who do you talk to?

_____

Subject: Emotional / Abuse

Status:	(**L**):	No identified risk
	(**M**):	Identified emotional problems or abuse
	(**H**):	Suicidal / homicidal, physical abuse by significant other
Status Intervention:	(**L**):	N/A
	(**M**):	Refer to appropriate resources and programs. Provide education on abuse.
	(**H**):	Notify MD. Refer to Social Worker. Refer to appropriate resources and programs. Report abuse. Abuse pamphlets and provide education on abuse. Refer to "Additional Interventions"

Questions 22 to 23 provide the assessor with information about the client's feelings related to her new baby, her support system, her ability to cope with sleep deprivation and the demands of parenting a newborn, her own assessment of her parenting abilities, and other stressors that may be present at this time. Either a change or lack of change in a relationship may be positive or negative depending on the circumstances.

Refer to STT Guidelines: Psychosocial – "Parenting Stress", pages 44 - 49; "Spousal/Partner Abuse", pages 53 - 60; "Emotional or Mental Health Concerns", pages 73 - 75; and "Depression", pages 77 - 82. Additional information is also available in the "Prenatal Combined Assessment Protocols".

ADDITIONAL INTERVENTIONS:

If Social Worker is not available, contact the local county programs.

If appropriate, provide and review with client a copy of STT Guidelines: Psychosocial Handout : "How Bad Are Your Blues?", page 83.

Inform the provider about any client who may be clinically depressed. She may need a thorough medical and psychiatric evaluation to determine an accurate diagnosis and the best possible course of treatment.

Immediate referral to a clinical supervisor or medical/obstetric provider is required for any client who expresses directly or indirectly a wish to die or concern that she may hurt herself or her baby.

REFERRAL:

Social Worker for assessment.

In-home support, such as Public Health Nursing: Riverside County - (909) 358 -5438; San Bernardino County - Black Infant Health (must be enrolled prenatally) 1 (800) 227 - 3034 or
(909) 386 - 8009 and Healthy Start (909) 386 - 8245.

24. Are you and your baby safe in your home? ☐ **Y** ☐ **N**

The client's responses to this question may also reveal misinformation, cultural practices, and/or indicate if the client has supportive and sound sources of information.

Maintaining the health of babies involves knowing when health problems are serious, when to get medical help, and keeping babies protected from serious diseases. Safety issues for babies focus on car travel and safety at home. Refer to STT Guidelines: Health Education – "Infant Safety and Health", pages 68 - 70.

ADDITONAL INTERVENTIONS:

Use the client's questions and concerns as a basis for education.

Ask the client if she has used an infant safety seat, and if she can tell you how to use it.

Provide and review with the client a copy of STT Guidelines: Health Education - Handout : "Keep your new baby safe", pages 105 - 108.

Reinforce the importance of well child checkups and immunizations as a means of preventing illness and disability. Discuss sleeping positions – "Back to Sleep".

Provide and review with the client a copy of STT Guidelines: Health Education - Handout: "When your newborn baby is ill" page 109, and 'Your baby needs to be immunized", pages 111 – 112.

REFERRAL:

Refer client to pediatric provider for any special education related to her infant's specific
condition or medical needs.

WIC

CHDP (Child Health and Disability Prevention) provider (pediatric), if needed.

RESOURCES:

National Maternal and Child Health Clearinghouse, Publications Catalog
2070 Chain Bridge Road, Suite 450, Vienna, VA 22182 - 2536
(703) 356 - 1964 8:30 a.m. - 5:00 p.m. EST, M - F FAX: (703) 821 - 2098
World Wide Web: http://www.circsol.com/mch

U.S. Consumer Product Safety Commission
Washington, DC 20207
1 (800) 638 - 2772

Child Safety pamphlet
American Academy of Family Physicians
8880 Ward Parkway, Kansas City, MO 64114 - 2797
1 (800) 944 - 0000

Care For Your Baby California Department of Health Services publication available from
Miller Litho: 1 (800) 995 - 4714 or (408) 757 - 1179

25. Have you ever planned or tried to hurt yourself? ☐ **Y** ☐ **N**

26. Have you ever planned, or tried to hurt someone else? ☐ **Y** ☐ **N**

27. Since the birth of your baby, have you been slapped, hit, kicked or otherwise physically hurt by someone? ☐
Y ☐ **N**
If "YES", by whom: _____

Questions 24 through 27 help the assessor determine the potential for and/or presence of domestic violence in the client's relationships. This series of questions must be asked as they are written and in the order in which they are written. Interventions are based on legal mandates and protocols.

Additional information is available in STT Guidelines: Psychosocial - "Spousal/Partner Abuse", pages 53 - 60.

The Department of Health Services, MCH Branch has developed a CPSP Domestic Violence Protocol, which will be available to every DHS-Certified CPSP Provider.

Privacy is essential for safety. If you need an interpreter, use a staff member, not a family member or friend.

In general, maintain eye contact when screening clients for battering (for some cultures, such as Southeast Asians, this may be inappropriate). Ask the questions in a direct, nonjudgmental manner. Allow the client to lead the conversation, giving her time to think about her feelings.

Inform the client that because of your concern for her health, you ask everyone questions about violence in the home. Inform the client that you are a mandated reporter. Let her know that her response will be confidential unless she is being abused **and** (1) she has

current physical injuries, in which case you are required to report to local law enforcement; or (2) she is under the age of 18 and is being abused, in which case you are required to report to your county's child protective services agency.

If the client reports no abuse:

Communicate to her that if the situation changes, she should discuss it with her health care provider. Do not badger or pressure the woman to respond to the abuse questions.

Accept negative responses even when there is evidence that she is not being truthful. She will choose when to share her history. Being accepting of a negative response - even if it seems clear that the woman is abused-conveys respect for her response and builds trust. This is often the first time the client has been assessed for abuse in a health care setting. Offer a nonjudgmental, relaxed manner as each question is asked. After a few questions, the client may trust the assessor enough to say "sometimes".

Express concern for her safety when appropriate.

Do inform the provider of your concerns and follow through with all mandated legal reporting actions.

If the client reports current abuse and presents with physical injuries:

CPHWs should **STOP** and consult with an MD, NP, CNM, RN to complete this section. The injuries must be treated and documented in the client's medical record. Documentation in the medical record should also include the client's statements about the current injuries, perpetrator, and any past abuse (using direct quotes, writing "patient states that . . . ").

Medical record documentation should also include detailed description of the injuries, including type, number, location, color, possible causes, and extent of injury, and should include a body map.

Color photographs should be taken with the client's written permission and, if appropriate, prior to the administration of medical treatment.

Assembly Bill 1652 (Chapter 992, Statutes of 1993) took effect in the state of California on January 1, 1994, and an amendment to that law was passed into law in September, 1994, regarding requirements of health practitioners to make reports to the police under specified circumstances. Any health practitioner employed in a health facility, clinic, physician's office, local or state public health department, or clinic or other facility operated by a local or state public health department, is required to make a report if he or she "provides medical services for a physical condition" to a patient whom he or she knows or reasonably suspects is:

(1) "suffering from any wound or other physical injury inflicted by his or her own act or inflicted by another where the injury is by means of a firearm", and/or

(2) "suffering from any wound or other physical injury inflicted upon the person where the injury is the result of assaultive or abusive conduct."

Reports must be made by telephone as soon as practically possible, and in writing within two working days, including, but not limited to the following information:

(1) the name of the injured person, if known;

(2) the injured person's whereabouts (in no case shall the person suspected or accused of inflicting the injury, or his or her attorney, be allowed access to the injured person's whereabouts);

(3) the character and extent of the person's injuries; and

(4) the identity of any person the injured person alleges inflicted the injury.

REFERRAL:

All clients who report abuse by current partner within the last year should be referred to a social worker.

If the client reports physical abuse, but does not present with current physical injuries:

Ask her about her feelings regarding the abuse. Empathize with her and confirm her feelings. Reassure her she is not alone in being in an abusive situation and that she does not deserve to be treated this way.

Tell her that spousal/partner abuse is against the law. This may be new information to immigrant women from countries where spousal battering is socially accepted, and even legal.

Ask for details of current and past occurences of abuse and document the information she shares in her medical record. Specific information should be obtained: What happened? Where did she go after the incident(s)? Did she have any involvement with law enforcement? What was the outcome?

Review with the client STT Guidelines: Psychosocial - Handout: "Make a Plan to Keep Safe", page 61, and "Cycle of Violence", page 63. Do not urge the client to take copies with her if she expresses reluctance. It may be for her own safety that she does not have such materials in her possession.

Share with the woman that you are concerned about her safety and ask what she wants to do or have happen.

Offer referral to a psychosocial professional.

Provide the client with a list of resources, including 24-hour hot line numbers. These should include police, counseling centers, shelters, and legal aid. It is important to provide her with the information necessary for her to make informed decisions. If the client is afraid to keep the numbers in her purse or drawer, suggest she keep it in a tampon or sanitary napkin box. Encourage the client to have an emergency plan for escape. This may include hiding a bag of personal items with a trusted friend, etc.

A woman in an abusive situation has three choices:

(1) stay with the abuser,
(2) leave for a safe place (such as a shelter),
(3) have the abuser removed from the place of residence (by court order).

It is important to assist the woman in recognizing her strengths as this will help her cope with the stress of getting out of a battering situation.

Questions 28, 29, 30, & 31

28. Do you have:

□ **Electricity** □ **Hot Water** □ **Telephone** □ **Transportation** □ **Heating**
□ **Refrigerator** □ **Stove/Oven**

29. Are you able to buy enough food? □ **Y** □ **N**

30. Are you able to pay for your rent? □ **Y** □ **N**

31. Are you able to pay your other bills? □ **Y** □ **N**

Subject: Economics

Status:	(**L**):	Has resources and ability to cope
	(**M**):	Indicates some needs
	(**H**):	Inadequate finances to cope (i.e. no transportation, utilities)
Status Intervention:	(**L**):	Praise client, offer resources upon request
	(**M**):	Check for WIC participation. Refer to section "Additional Interventions"
	(**H**):	Check for WIC participation and resources. Refer to section "Additional Interventions"

The status of the client's resources may have changed since the birth of her baby. This question allows the assessor to determine the client's need for and knowledge of available resources for housing, food, medical care, and family support.

Refer to STT First Steps: "Making Successful Referrals", page 7, "Women, Infants and Children (WIC) Supplemental Nutrition Program", pages 9 - 10; and STT Guidelines: Psychosocial – "Financial Concerns", pages 28 - 34.

ADDITIONAL INTERVENTION:

When making referrals, ask the client if she thinks she will have any difficulty in following through. Explain the benefit, describe the process of the referral and praise the client for taking care of herself. Anticipate barriers to follow through – can she take notes? . . . does she have a map? . . . a bus schedule? . . . a calendar? . . . a clock? . . . Provide anticipatory guidance. Do your best to make appropriate referrals and encourage her to accept them.